STATE OF CAI		raveler ID		nstruction	s and R	CHN D	dent on F	Rever	se Side	Bi	K Trip?	O YES	○ No
THE PART OF THE PA				210		U""STAFF					age	of	Pages
CLAIMANT'S NAME Fiscal Year 2 Karen Baker 2008-2009				2008TEC1796		SSN OR EMPLOYEE NUMBER*					ARTMENT PR		
POSITION Secretary of Volunteering and			CB/ID NO.:		California Volunteers				10,		PCA #	<u>1</u>	
RESIDENCE ADDRESS*			I EXEMPT		HEADQUAPTERS ADDRESS 1110 K Street Suite 210							NE NUMBER	
CITY STATE				ZIP CODE		CITY				STATE			3-7646 ZIP CODE
Sacramento		CA ————————————————————————————————————	(5) MEALS		Sacramento				CA .			95814	
(1) MONTH/YEAR (3) Feb 2010 LOCATION		(4)			Ţ	(6)	(7) TRA		NSPORTA (C)	(D)		(8)	(9)
DATE TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	COST OF TRANS.	TYPE	CARFARE, TOLLS, PARKING			BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
											\$0.00		\$0.00
2/1 1630 2300	Sac/San Francisco/Sac				\$18.00	-			\$8.00	170	\$85.00	,	\$111.00
											\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		\$0.00
-											\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		\$0.00
		-									-\$0.00		\$0.00
(10)		1									\$0.00		\$0
(10) SUB	TOTALS	. [\$18.00				\$8.00	\$170	85		\$111.00
CC	Diumnicode (acctgi use on	ELY)											
									CLAIM 1	TOTAL	\$	\$1	111.00
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Meeting with Evan Hochberg of Deloitte								(19) NUDBWOL WUUDK HULIBS					
							(13) PRIVATE VEHICLE LICENSE NUMBER 4ybd289						
FEB 2 4 2010 —								(14) MILEAGE RATE CLAIMED .50					
									AGENCY AGEGUNTIAL OFFICE				
Offices of STAGES IN USEALIST #6EBBAUTENT OF SEH MOES								PAID BY REVOLVING FUND CHECK NUMBER \$0.50					
THEREBY CERTIF privately owned veh	Y That the above is a true statement of the t nicle was used, and if mileage rates exceed t have met the requirements as prescribed by	ravel expenses he minimum rat	incurred by m	ie in accordan	nce with DPA reperating the vi	ules in the se	rvice of the Stat	te of Ca	alifornia. If he rate			,	
(15) CLAIMANT'S S			DATE D-	102. 01.03. an	(16) (16)	NATURE OF	OFFICER APP	ROVIN		AND PA	YMENT	DATE_OA	
(17) SPECIAL EXPE	MSE AUTHORIZATION - SIGNATURE and	TITLE (See Ite	2/12 em 17/on revel	// <i>U</i>		ma	UD E	1	M			DATE DATE	· 10
		,500 110	7					U				, <u>-</u>	